

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|--|---|--------------------------------|--|---|--|
| NAME OF FILER California Works: Senator Toni Atkins Ballot Measure Committee | | | Date of This Filing _____ 04/29/2019 | Date Stamp Page 2 of 2 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only |
| AREA CODE/PHONE NUMBER (619)450-4451 | I.D. NUMBER (if applicable) 1357909 | Report No. _____ 042919 | | | |
| STREET ADDRESS _____ | | | | | |
| CITY San Diego | STATE CA | ZIP CODE 92104 | | | |
| | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| | | | No. of Pages _____ 2 | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|----------------------------------|
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Reason for Amendment: